

**Application for the 2007
International Experience & Technical Assistance Program (IETA)**
CDC, Coordinating Office for Global Health

IETA Applicants:

*Please print out the application form to complete and obtain first and second-level supervisory signature(s) on page 3. **Your application packet must include: completed application with essays and all requisite signatures, an up-to-date resume, and a full-year performance appraisal rating or COER rating (cover sheet only with rating official's signature.)** Submit one original and one photocopy of your completed application packet to:*

International Experience and Technical Assistance Program (IETA)
CDC/COGH/IETA
1600 Clifton Road, MS D-69
Atlanta, GA 30333

*Faxed or electronic applications will not be accepted. **Incomplete application packages will not be reviewed.** The deadline for application submission is by close of business, **Friday, October 20, 2006.** For more information or questions, please e-mail IETA@cdc.gov or call Cynthia Taylor at 404-639-3226.*

Date _____

_____ () _____

Last Name	First Name	Work telephone number
_____	_____	_____

Agency	Division, Branch, Section	Work e-mail address
_____	_____	_____

Are you a Federal career or career conditional employee?

☐ yes
☐ no (please provide detail) _____

What is your GS Level or Commissioned Corps Grade? _____

Is there any reason you would have difficulty leaving or re-entering the U.S. on official business? _____

☐ yes (please explain)
☐ no

Are you currently enrolled in an agency sponsored/endorsed professional development program?

☐ yes (name of program) _____
☐ no

Do you have a valid government Visa credit card?

☐ yes
☐ no (please explain) _____

What is your current job title? _____

Work address (include Mailstop)

Length of time with Federal Public Health Agency (years/months) _____

Length of time at present assignment (years/months) _____

Based on your knowledge, skills, and experience, rank the top 3 skill areas for which you are most qualified. (1 being high and 3 being low. Please select only 3.)

- | | |
|--|---|
| <input type="checkbox"/> Program Management/Administration | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Program Delivery/Implementation | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Behavioral and Social Science |
| <input type="checkbox"/> Monitoring/Evaluation | <input type="checkbox"/> Policy, Planning, and Analysis |
| <input type="checkbox"/> Health Communication | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other (specify) _____ | |

On a separate sheet of paper, provide brief answers to the following questions:
(Maximum 3 pages in total.)

1. What are your current job duties?
2. Why are you interested in international public health? Describe your interest in serving in an international position following successful completion of the IETA program.
3. Describe any prior international public health experience in less-developed countries (LDCs).
4. What skills do you want to gain by participating in the IETA program?
5. What skills and talents will you contribute to international public health? (Include foreign language abilities)
6. In what ways will your participation in the IETA program enhance your current position and contribute to your professional and personal growth?
7. How do your long-term career goals incorporate international public health management experience?

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith.

Applicant Signature: _____

Date: _____

All Federal field staff applicants must have field supervisor (local or state) and headquarters Branch Chief approval to apply. (Please advise program consultants appropriately.)

Supervisors' Support Form

I understand that my employee, _____ if accepted into the International

Experience and Technical Assistance (IETA) training program, will be asked to complete three 3-4 day workshops in Atlanta, and an international field assignment of at least 3 to 4 months between May and November. My signature below indicates that I have discussed this with appropriate state/local program official(s) and higher level managers in my program and received concurrence. The employee has my permission to participate in this program.

First-level Supervisor Signature: _____

Supervisor's name: _____

Supervisor's title: _____

Address: _____

Phone: _____ **fax:** _____

e-mail: _____

Second-level Supervisor Signature: _____

Supervisor's name: _____

Supervisor's title: _____

Address: _____

Phone: _____ **fax:** _____

e-mail: _____

If there is a period of time when this employee will be **unavailable** for IETA workshops or international field assignments, please list dates:

The IETA program involves a supervised international work experience of 3-4 months. Is there a maximum period of time you are willing to support your employee's participation in this international assignment? If so, please indicate.
